ST FRANCIS HOME 33 EVERETT STREET

FOND DU LAC 54935 Phone: (920) 923-7980 Ownership: Non-Profit Church Related Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled

Operate in Conjunction with Hospital?

No Operate in Conjunction with CBRF?

No Number of Beds Set Up and Staffed (12/31/00): 106

Title 18 (Medicare) Certified? Yes

Total Licensed Bed Capacity (12/31/00): 106

Number of Residents on 12/31/00: 106

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care	No	Primary Diagnosis	%	Age Groups	<sub> </sub>	Less Than 1 Year	30. 2
Supp. Home Care-Personal Care	No					1 - 4 Years	45. 3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0. 0	More Than 4 Years	24. 5
Day Services	No	Mental Illness (Org./Psy)	28. 3	65 - 74	3. 8		
Respite Care	No	Mental Illness (Other)	7. 5	75 - 84	31. 1		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 9	85 - 94	40. 6	**********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	14. 2	95 & 0ver	24. 5	Full-Time Equivalen	t
Congregate Meals	No	Cancer	1. 9			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	3.8		100. 0	(12/31/00)	
Other Meals	Yes	Cardi ovascul ar	17. 0	65 & 0ver	100. 0		
Transportation	No	Cerebrovascul ar	1.9			RNs	7. 2
Referral Service	No	Diabetes	2.8	Sex	%	LPNs	4. 4
Other Services	No	Respi ratory	7. 5			Nursing Assistants	
Provi de Day Programmi ng for		Other Medical Conditions	14. 2	Male	23. 6	Aides & Orderlies	30. 3
Mentally Ill	No			Female	76. 4		
Provi de Day Programming for			100.0				
Developmentally Disabled	No				100. 0		

## Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)													
			(				0ther		P	Pri vate Pay		1	Managed Care			Percent	
			Per Die	em	m Per Dier			Per Diem			Per Diem			Per Diem Total			Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0. <b>00</b>	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	0	0. 0	\$0.00	47	92. 2	\$104. 19	0	0. 0	\$0.00	48	87. 3	\$126.00	0	0. 0	\$0.00	95	89.6%
Intermediate				4	7.8	\$86.90	0	0.0	\$0.00	7	12. 7	\$123.00	0	0. 0	\$0.00	11	10. 4%
Limited Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Personal Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Residential Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Ventilator-Depende	nt 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0. 0		51 1	100. 0		0	0.0		55	100.0		0	0. 0		106	100.0%

ST FRANCIS HOME

*********	******	*********	*********	******	******	*********	******
Admissions, Discharges, and		Percent Distribution	$of\ Residents'$	Condi ti	ons, Servi ces	, and Activities as of 12	/31/00
Deaths During Reporting Period	I						
				9	6 Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	27. 0	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathing	0. 0		66. 0	34. 0	106
Other Nursing Homes	18. 9	Dressi ng	3. 8		67. 9	28. 3	106
Acute Care Hospitals	45. 9	Transferring	25. 5		<b>58</b> . <b>5</b>	16. 0	106
Psych. HospMR/DD Facilities	0.0	Toilet Use	22. 6		<b>54</b> . 7	22. 6	106
Rehabilitation Hospitals	0.0	Eating	57. 5		29. 2	13. 2	106
Other Locations	8. 1	***************	*********	******	*******	*********	******
Total Number of Admissions	37	Conti nence		%	Special Trea	tments	%
Percent Discharges To:		Indwelling Or Externa	ıl Catheter	2.8	Recei vi ng	Respi ratory Care	4. 7
Private Home/No Home Health	2.7	Occ/Freq. Incontinent	of Bladder	50. 9	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	of Bowel	18. 9	Recei vi ng	Sucti oni ng	0. 9
Other Nursing Homes	0.0				Recei vi ng	Ostomy Care	1. 9
Acute Care Hospitals	0.0	Mobility			Recei vi ng	Tube Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	13. 2	Recei vi ng	Mechanically Altered Diet	s 31.1
Rehabilitation Hospitals	0.0						
Other Locations	2.7	Skin Care			Other Reside	nt Characteristics	
Deaths	94.6	With Pressure Sores		8. 5	Have Advan	ce Directives	100. 0
Total Number of Discharges		With Rashes		10. 4	Medi cati ons		
(Including Deaths)	37				Recei vi ng	Psychoactive Drugs	25. 5

Ownership: Bed Size: Li censure: Thi s Nonprofit 100-199 Skilled Al l Peer Group Facility Peer Group Peer Group Facilities % % Ratio % Ratio Ratio % Ratio Occupancy Rate: Average Daily Census/Licensed Beds 99. 1 92.8 1.07 86. 4 1. 15 87. 0 1. 14 84. 5 1.17 77.5 Current Residents from In-County 96. 2 73.6 1.31 79.8 1. 21 69.3 1.39 1.24 Admissions from In-County, Still Residing 81. 1 26.8 3.03 23.8 3.41 22.3 3.63 21.5 3.77 Admissions/Average Daily Census 35. 2 86. 5 0.41 109.7 0.32 104. 1 0.34 124.3 0. 28 Discharges/Average Daily Census 35. 2 83.8 0.42 112.2 0.31 105. 4 0.33 126. 1 0. 28 Discharges To Private Residence/Average Daily Census 1.0 28.3 0.03 40.9 0.02 37. 2 0.03 49.9 0.02 Residents Receiving Skilled Care 89. 6 89.0 1.01 0.99 87.6 1.02 1.08 90.3 83.3 Residents Aged 65 and Older 100 97.3 1.03 93.9 1.07 93.4 1.07 87.7 1.14 Title 19 (Medicaid) Funded Residents 48. 1 67.3 0.71 68.7 0.70 70.7 69.0 0.70 0.68 Private Pay Funded Residents 51.9 27. 1 1.91 23. 2 2.24 2.34 22.6 2.30 22. 1 Developmentally Disabled Residents 0.0 0.4 0.00 0.8 0.00 0.7 0.00 7.6 0.00 Mentally Ill Residents 35.8 32.8 1.09 37.6 0.95 37. 4 0.96 33. 3 1.08 General Medical Service Residents 14. 2 22.4 0.63 22. 2 0.64 18. 4 0.77 21. 1 0.67 50.6 49.0 1.03 1.02 47.0 49. 4 Impaired ADL (Mean) 49.5 1.08 1.02 25. 5 46.3 0.55 0.54 49.6 0.51 50. 1 0.51 Psychological Problems **47.0** 7. 2 7. 2 1.00 Nursing Care Required (Mean) 7.6 0.95 7.0 1.02 7. 2 1.01